

D. CONTROL NUMBER		This information is being furnished to the Internal Revenue Service		OMB NO. 1545-0008		1. WAGES, TIPS, OTHER COMPENSATION 27432.96		2. FEDERAL INCOME TAX WITHHELD 2347.97	
B. EMPLOYER IDENTIFICATION NUMBER (EIN) 43-1196944		A. EMPLOYEE'S SOCIAL SECURITY NUMBER 496-97-1222		3. SOCIAL SECURITY WAGES 28734.56		4. SOCIAL SECURITY TAX WITHHELD 1781.54			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117				5. MEDICARE WAGES AND TIPS 28734.56		6. MEDICARE TAX WITHHELD 416.65			
				7. SOCIAL SECURITY TIPS		8. ALLOCATED TIPS			
				9.		10. DEPENDENT CARE BENEFITS			
E. EMPLOYEE'S FIRST NAME AND INITIAL DANIYAL R SHAIK 420 GUNSMOKE TRAIL PRINCETON, TX 75407				LAST NAME SUFF.		11. NONQUALIFIED PLANS		12. a-d See instructions for box 12 D 1746.55 C 17.29 DD 3.64	
				14. OTHER 1STHND 70.00 DDI 444.95		13. Statutory Employee <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Third-Party Sick Pay <input checked="" type="checkbox"/>			
				F. EMPLOYEE'S ADDRESS AND ZIP CODE					
15. STATE	EMPLOYER'S STATE I.D. NO.	16. STATE WAGES, TIPS, ETC.	17. STATE INCOME TAX	18. LOCAL WAGES, TIPS, ETC.	19. LOCAL INCOME TAX	20. LOCALITY NAME			

Copy 2 To be filed with Employee's STATE, CITY or LOCAL tax return **2022** Dept. of the Treasury - Internal Revenue Service
FORM W-2 Wage and Tax Statement FOLD AND TEAR ALONG PERFORATION

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W-2 AND WAGE SUMMARY